

KENTUCKY LABOR CABINET
EMPLOYMENT STANDARDS, APPRENTICESHIP & TRAINING
1047 U S 127 SOUTH, SUITE 4
FRANKFORT, KENTUCKY 40601

ES-46
09/02

PRIME _____ SUB _____
CONTRACTOR'S NAME _____

CONTRACTOR'S ADDRESS _____

PHONE () _____

PROJECT NAME & DESCRIPTION _____

PROJECT LOCATION (Street, City & County) _____

PROJECT TYPE: Building _____ Heavy _____ Highway _____

TOTAL PROJECT COST _____ VALUE OF SUBCONTRACT (Sub's only) _____

DATE OF CONSTRUCTION _____ DATE OF COMPLETION _____ PERCENTAGE OF COMPLETION _____

Each section of this form must be completed in order to be accepted as evidence.

FRINGE BENEFITS PAID

Classifications	Pay Period Ending Date for Peak # Employed	Peak # Employed	Base Hourly Rate	Health Insurance *H & W	*PENSION	*APPR	*OTHER (Explain)

*If fringe benefits are provided, please indicate the hourly, weekly or monthly monetary value of the contribution in the appropriate space above and answer the following questions:

1. Are the fringes paid to a trustee or third person who is not connected with the employer? Yes ____ No ____
2. Are the fringes irrevocable made on behalf of the employees? Yes ____ No ____
3. Are the fringes being provided under a financially responsible plan or program? Yes ____ No ____
4. Has the fringe plan or program been communicated in writing to the employee affected? Yes ____ No ____

COLLECTIVE BARGAINING AGREEMENT: Yes ____ No ____

KRS 523.100 makes it illegal to make a material false written statement with the intent to mislead a public official in the performance of his or her duty.

Union & Local Number

Signature _____

Title _____ Date _____